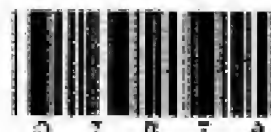


## Police Crash Report



## Revised Report

## CRASH

Crash Date 10/26/2017

Day of Week Thursday

MILITARY Time (24 hr clock) 06:21

GPS Lat.

3 8 8 9 8 0 0 0

GPS Long.

- 7 7 1 1 9 0 0 0

Official DMV Use

County of Crash ARLINGTON COUNTY

Landmarks at Scene

172995103

City of Town of

City or Town Name

Location of Crash (route/street)  
OLD DOMINION DR

Railroad Crossing ID no. (if within 150 ft.)

Local Case Number  
2017-10260040

Mile Marker Number

Number of Vehicles

2

At Intersection With or 150.

Miles Feet

N S E W

Location of Crash (route/street)  
of N WAKEFIELD ST

## VEHICLE # 1

## VEHICLE # 2

## DRIVER

Driver's Name (Last, First, Middle)

BERNHARDT, DAVID, LONGLY

Address (Street and Number)

Driver Fled Scene

Gender



## DRIVER

Driver's Name (Last, First, Middle)

PENA, ROBERT, JOSEPH

Address (Street and Number)

Driver Fled Scene

Gender



## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver ☒

## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver ☒

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count Over 21 0 8-17 0 18-21 0

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

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EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

## Codes

8

## POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

## SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

## AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

## EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

## INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

## SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

Investigating Officer

K AMES

Badge/Code Number

1613

Agency/Department Name and Code

ACPD

Reviewing Officer

David Clenace

Report File Date

10/26/2017





## Revised Report

## Police Crash Report

## CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY City of Town of Local Case Number 2017-10260040

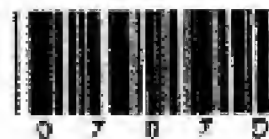
## CRASH INFORMATION

<b>Location of First Harmful Event in Relation to Roadway</b> C1 <input checked="" type="checkbox"/> 1. Dn Roadway 2. Shoulder 3. Median 4. Roadside 5. Gore 6. Separator 7. In Parking Lane or Zone 8. Dff Roadway, Location Unknown 9. Dutside Right-of-Way	<b>Traffic Control Type</b> C5 <input checked="" type="checkbox"/> 1. No Traffic Control 2. Officer or Flagger <input checked="" type="checkbox"/> 3. Traffic Signal 4. Stop Sign 5. Slow or Warning Sign 6. Traffic Lanes Marked 7. No Passing Lines 8. Yield Sign 9. One Way Road or Street 10. Railroad Crossing With Markings and Signs 11. Railroad Crossing With Signals 12. Railroad Crossing With Gate and Signals 13. Other 14. Pedestrian Crosswalk 15. Reduced Speed - School Zone 16. Reduced Speed - Work Zone 17. Highway Safety Corridor	<b>Roadway Description</b> C9 <input checked="" type="checkbox"/> 1. Two-Way, Not Divided 2. Two-Way, Divided, Unprotected Median <input checked="" type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier 4. Dne-Way, Not Divided 5. Unknown	<b>Intersection Type</b> C12 1. Not at Intersection 2. Two Approaches 3. Three Approaches <input checked="" type="checkbox"/> 4. Four Approaches 5. Five-Point, or more 6. Roundabout
<b>Weather Condition</b> C2 <input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy) 3. Fog 4. Mist 5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other 10. Blowing Sand, Soil, Dirt, or Snow 11. Severe Crosswinds	<b>Roadway Alignment</b> C6 <input checked="" type="checkbox"/> 1. Straight - Level 2. Curve - Level 3. Grade - Straight 4. Grade - Curve 5. Hillcrest - Straight 6. Hillcrest - Curve 7. Dip - Straight 8. Dip - Curve 9. Dther 10. On/Dff Ramp	<b>Roadway Defects</b> C10 <input checked="" type="checkbox"/> 1. No Defects 2. Holes, Ruts, Bumps 3. Soft or Low Shoulder 4. Under Repair 5. Loose Material 6. Restricted Width 7. Slick Pavement 8. Roadway Obstructed 9. Other 10. Edge Pavement Drop Off	<b>Work Zone</b> C13 <input checked="" type="checkbox"/> 1. Yes 2. No  <b>Work Zone Workers Present</b> C14 1. With Law Enforcement 2. With No Law Enforcement 3. No Workers Present  <b>Work Zone Location</b> C15 1. Advance Warning Area 2. Transition Area 3. Activity Area 4. Termination Area
<b>Light Conditions</b> C3 <input checked="" type="checkbox"/> 1. Dawn 2. Daylight 3. Dusk <input checked="" type="checkbox"/> 4. Darkness - Road Lighted 5. Darkness - Road Not Lighted 6. Darkness - Unknown Road Lighting 7. Unknown	<b>Roadway Surface Condition</b> C7 <input checked="" type="checkbox"/> 1. Dry 2. Wet 3. Snowy 4. Icy 5. Muddy 6. Oil/Other Fluids 7. Dther 8. Natural Debris 9. Water (Standing, Moving) 10. Slush 11. Sand, Dirt, Gravel	<b>Relation to Roadway Interchange Area:</b> C11 1. Main-Line Roadway 2. Acceleration/Deceleration Lanes 3. Gore Area (Between Ramp and Highway Edgelines) 4. Collector/Distributor Road 5. Dn Entrance/Exit Ramp 6. Intersection at end of Ramp 7. Other location not listed above within an interchange area (median, shoulder and roadside)	<b>Work Zone Type</b> C16 1. Lane Closure 2. Lane Shift/Crossover 3. Work on Shoulder or Median 4. Intermittent or Moving Work 5. Other
<b>Traffic Control Device</b> C4 <input checked="" type="checkbox"/> 1. Yes - Working 2. Yes - Working and Obscured 3. Yes - Not Working 4. Yes - Not Working and Obscured 5. Yes - Missing 6. No Traffic Control Device Present	<b>Roadway Surface Type</b> C8 <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Blacktop, Asphalt, Bituminous 3. Brick or Block 4. Slag, Gravel, Stone 5. Dirt 6. Dther	<b>Intersection Area:</b> 8. Non-Intersection 9. Within Intersection <input checked="" type="checkbox"/> 10. Intersection-Related - Within 150' 11. Intersection-Related - Dutside 150'	<b>School Zone</b> C17 <input checked="" type="checkbox"/> 1. Yes 2. Yes - With School Activity 3. No  <b>Type of Collision</b> C18 <input checked="" type="checkbox"/> 1. Rear End 2. Angle 3. Head On <input checked="" type="checkbox"/> 4. Sideswipe - Same Direction 5. Sideswipe - Opposite Direction 6. Fixed Object in Road 7. Train 8. Non-Collision 9. Fixed Object - Off Road 10. Deer 11. Dther Animal 12. Pedestrian 13. Bicyclist 14. Motorcyclist 15. Backed Into 16. Other
<b>Other Location:</b> 12. Crossover Related 13. Driveway, Alley-Access - Related 14. Railway Grade Crossing 15. Dther Crossing (Crossings for Bikes, School, etc.)			

Officer Initials KA Badge # 1613

Commonwealth of Virginia • Department of Motor Vehicles

## Police Crash Report



FR300P (Rev 1/12)

Page 4 of 4

## Revised Report

## CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTYCity of  
Town ofLocal Case Number  
2017-10260040

## CRASH DIAGRAM

## VEHICLE # 1

Fill In Impact Area(s).  
Initial Impact.

11

11	✓	12	✓	1
10	✓		✓	2
9	✓	13		3
8				4
7				5

6

E

Veh Dir of Travel—N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

11		1
10		2
9	13	3
8		4
7		5

6

Veh Dir of Travel—N/S/E/W

## VEHICLE # 2

Fill In Impact Area(s).  
Initial Impact.

5

12

11		1
10		2
9	13	✓ 3
8		✓ 4
7		✓ 5

6

E

Veh Dir of Travel—N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

12

11		1
10		2
9	13	3
8		4
7		5

6

Veh Dir of Travel—N/S/E/W

## DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost Object Struck (Tree, Fence, etc.) Property Owners Name (Last, First, Middle)

1000 BUILDING LANDLORD: ED 703-980-2000

Address (Street and Number)

VOOT Property

✓

## CRASH DESCRIPTION

THE DRIVER OF VEHICLE 1 HAD JUST LEFT MCDONALDS ON HIS WAY TO WORK AND BEGAN EATING HIS BREAKFAST BURRITO. AFTER TAKING A BITE, THE DRIVER BEGAN TO COUGH, CHOKING ON HIS FOOD. HE STATED THAT AFTER TRYING TO COUGH A FEW TIMES, THE NEXT THING HE REALIZED HIS VEHICLE WAS AGAINST A BUILDING. WITNESSES STATED THAT VEHICLE 1 HAD BEEN TRAVELING EAST ON OLD DOMINION DR IN THE RIGHT LANE APPROACHING N WAKEFIELD ST. JUST PRIOR TO THE INTERSECTION, VEHICLE 1 BEGAN TO VEER INTO THE LEFT LANE, STRIKING VEHICLE 2 (WHO HAD ALSO BEEN TRAVELING EAST ON OLD DOMINION PRIOR TO N WAKEFIELD ST. VEHICLE 1 CONTINUED TO VEER TO THE LEFT, GOING OVER THE MEDIAN AND ENTERING THE ONCOMING LANE OF TRAFFIC. VEHICLE 1 THEN CAME TO A REST AFTER STRIKING 4603 OLD DOMINION DR APARTMENT B. MEDICS WERE ON SCENE AND CHECKED INJURIES, BUT NEITHER PARTY WAS TRANSFERRED FROM THE SCENE TO THE HOSPITAL. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. RESIDENT OF THE APARTMENT WAS NOT HOME, BUT THE LANDLORD WAS NOTIFIED OF THE SITUATION, AND INFORMATION REGARDING THE CRASH WAS LEFT FOR HIM WITH ANOTHER TENANT

## CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	12		20	2	20				20
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event  
of Entire Crash that  
Results in First Injury  
or Damage.  
20

## COLLISION WITH FIXED OBJECT

- |  |                           |
|--|---------------------------|
| 1. Bank Or Ledge                               | 10. Other                 |
| 2. Trees                                       | 11. Jersey Wall           |
| 3. Utility Pole                                | 12. Building/Structure    |
| 4. Fence Or Post                               | 13. Curb                  |
| 5. Guard Rail                                  | 14. Ditch                 |
| 6. Parked Vehicle                              | 15. Other Fixed Object    |
| 7. Tunnel, Bridge, Underpass,<br>Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal                        | 17. Traffic Sign Support  |
| 9. Impact Cushioning Device                    | 18. Mailbox               |

COLLISION WITH PERSON, MOTOR VEHICLE  
OR NON-FIXED OBJECT

- |                                |                            |
|--------------------------------|----------------------------|
| 19. Pedestrian                 | 24. Work Zone              |
| 20. Motor Vehicle In Transport | Maintenance Equipment      |
| 21. Train                      | 25. Other Movable Object   |
| 22. Bicycle                    | 26. Unknown Movable Object |
| 23. Animal                     | 27. Other                  |

## NON-COLLISION

- |                         |                                    |
|-------------------------|------------------------------------|
| 28. Ran Off Road        | 35. Cross Median                   |
| 29. Jack Knife          | 36. Cross Centerline               |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc.) |
| 31. Downhill Runaway    | 38. Immersion                      |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle       |
| 33. Explosion or Fire   | 40. Thrown or Falling Object       |
| 34. Separation of Units | 41. Non-Collision Unknown          |
|                         | 42. Other Non-Collision            |

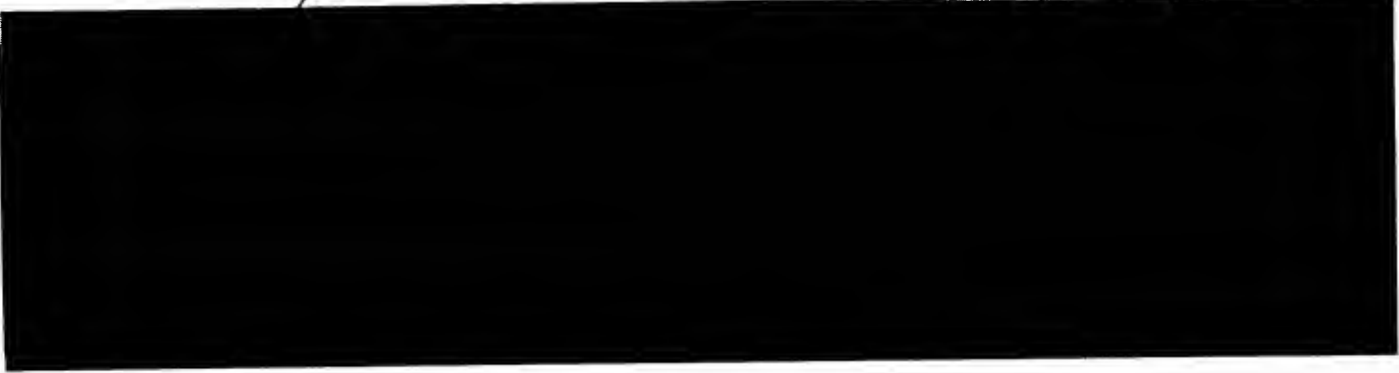


Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040



STATEMENT:

I was across the street when I heard a smash  
and screeching of tires. Then I saw the white  
jeep loose control and crash in to the house.

Con't On Page 27

☐ YES ☒ NO



Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K Ames

1013





Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040

STATEMENT:

I was stopped at a light at Wakefield and  
Old Dominion. A white jeep was heading  
eastbound, Sverdrup, crossed the middle and  
hit a building at 9603 Old Dominion Dr

Con. 1 On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K Ames 1013



Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040

STATEMENT:

Traffic was at a stop at the red light at Wakefield St and  
LEE Highway. The white Jeep was driving in the right lane.  
veered off into the left lane hitting the stopped BMW driving  
over top of the front hood. Crossed two lanes of oncoming  
traffic. Crashing sideways into the houses garage across  
the street.

Con 1 On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K Ames

Officer Signature / Admin No.

K Ames

1013

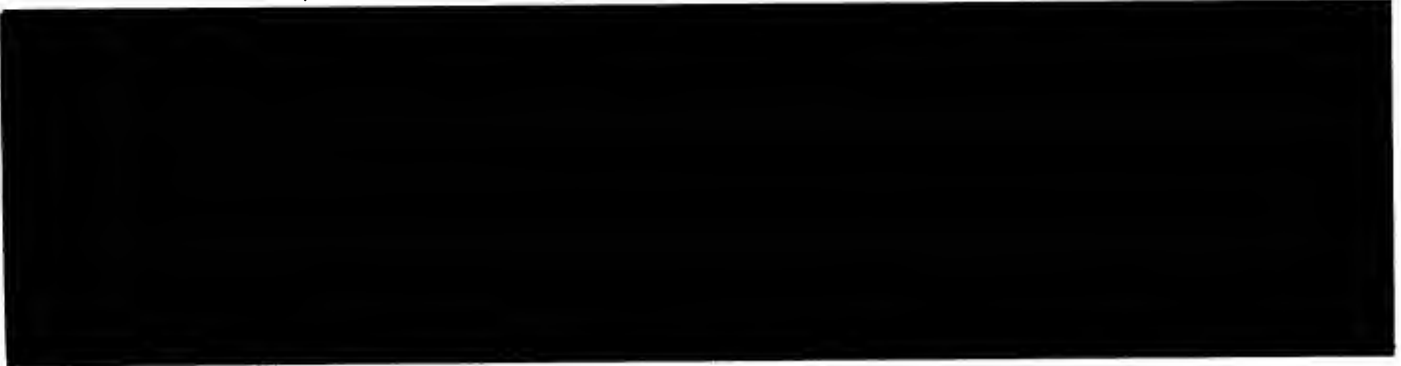


Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #: 2017-10260040



STATEMENT:

I was driving on the highway. I  
chocked on a park at a barista  
and thought twice and then the  
next thing I realized was that  
my truck was sitting on the  
side

Con't On Page 27

☐ YES ☒ NO



Date

10/26/17

Reporting Officer (Print)

K. Ames

Officer Signature / Admin No.

K. Ames 1013





Arlington County Police Department  
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: \_\_\_\_\_

Case #:

2013-10200046

STATEMENT:

I was traveling N. on Leo Hwy. He passed  
into me on my way to work.

Con't On Page 27

☐ YES ☒ NO

Date

10/26/13

Reporting Officer (Print)

E. Armer

Officer Signature / Admin No.

E. Armer 11013